

**IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION**

CRAIG MICHAEL KIRK)	CASE NO. 2:09CV583
)	
Plaintiff,)	JUDGE JAMES L. GRAHAM
)	
v.)	MAGISTRATE JUDGE PRESTON DEEVERS
)	
MUSKINGUM COUNTY, OHIO, et al.)	DEFENDANT VILLAGE OF FRAZEYSBURG'S
)	RESPONSES TO PLAINTIFF'S DISCOVERY
Defendants.)	DEMAND

Defendant Village of Frazeyburg hereby submits its response to Plaintiff's demand for discovery:

Village of Frazeyburg Reports

Defendant produces herein the reports and records (with applicable redactions) concerning the traffic stop and arrest of Plaintiff on September 1, 2007.

Insurance Policy

Defendant produces herein the applicable Certificate of Declarations from the Village of Frazeyburg insurance agreement with the Ohio Government Risk Management Plan.

Officer Schilling Personnel Records

Defendant objects to production of the personnel records of Officer Schilling. The information sought is not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Without waiving said objection, Defendant states that there are no records of any complaints or discipline regarding Officer Schilling that precede Plaintiff's arrest on September 1, 2007.

Police Chief Bigler Personnel Records

Defendant objects to production of the personnel records of Police Chief Bigler. The information sought is not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Further, Defendant states that Chief Bigler has been dismissed from this action pursuant to the Report and Recommendation of the Magistrate Judge.

Other Requests

Defendant objects the remainder of Plaintiff's requests on the grounds that they are overbroad, vague, not relevant and not reasonably calculated to lead to the discovery of admissible evidence.

Respectfully submitted,

s/ Nick C. Tomino

NICK C. TOMINO (0021132)
TOMINO & LATCHNEY, LLC, LPA
803 E. Washington St., Suite 200
Medina, Ohio 44256
(330) 723-4656
Attorney for Defendant Village of Frazeytsburg

CERTIFICATE OF SERVICE

The foregoing Defendant Village of Frazeytsburg's Responses to Plaintiff's Discovery Demand has been served via regular U.S. mail or electronic mail on this 5th day of August, 2010:

Craig M. Kirk, *Pro Se*
P.O. Box 206
Warsaw, Ohio 43844


s/ Nick C. Tomino

NICK C. TOMINO (0021132)

SIGNATURE *W. W. Jick* JICK CO. RES.

Salvatore

Tue 9/4 07
 SAT 9/1 07
 0533 8 FPD
 COURT RECORD

ORI NUMBER: OH0600400		IR NUMBER: 07-00318-08		IR DATE: 09/01/2007 03:30:00		PAGE NO. 1							
		FRAZEYSBURG POLICE DEPARTMENT OHIO UNIFORM INCIDENT REPORT											
		AGENCY NAME: FRAZEYSBURG POLICE DEPARTMENT				INCIDENT NUMBER: 07-00318-08							
		*GEOCODE: Zone 2				*CLEARANCES:							
		TOD: 09/01/2007 00:29:00 TOA: 09/01/2007 00:29:00 TOC: 09/01/2007 00:29:00				<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input checked="" type="checkbox"/> OFFENSE							
ADMINISTRATIVE		*REPORT DATE/TIME:		*INCIDENT OCCURRED FROM:		*INCIDENT OCCURRED TO:							
		MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
		08	01	2007	03:30:00	09	01	2007	00:29:00	09	01	2007	00:29:00
		*INCIDENT LOCATION: East 3rd Street (Street, Apt, City, State, Zip): Frazeytsburg, OH, 43042											
OFFENSE		*OFFENSE CODE:		*OFFENSE:		*CLASS:		*DEGREE:		*INSTRUMENTS:		*TARGENT:	
		4510.14		1). Driving Under OVI Suspension		C		M-1 - Misdemeanor - 1		N - No Bias/Not Applicable			
		*LOCATION OF OFFENSE:		*SUSPECTED OF USING:									
		47 - Street		A <input checked="" type="checkbox"/> ALCOHOL D <input checked="" type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIPMENT N <input type="checkbox"/> NOT APPLICABLE									
OFFENSE		*TYPE OF VEHICLE/FORCE USED:						*TYPE OF CRIMINAL ACTIVITY:					
		99-None											
		*METHOD OF ENTRY:		*METHOD OF ENTRY - MOTOR VEHICLE THEFT:				*METHOD OF ENTRY - BURGLARY/B&E:					
		<input type="checkbox"/> FORCE <input type="checkbox"/> NO FORCE						ENTRY		EXIT		ENTRY	
OFFENSE		*NO PREMISES ENTERED											
		0											
OFFENSE		METHODS OF OPERATION:											

PRI NUMBER: QH0600400

IR NUMBER: 07-00319-00

IR DATE: 09/01/2007 03:30:00

PAGE NO. 2



FRAZEYSBURG POLICE DEPARTMENT

OHIO UNIFORM INCIDENT REPORT

OFFENSE

OFFENSE CODE	*OFFENSE*	*A/C*	*FM & DEGREE*	*HATE/BIAS*	*LARCENY*
73.01	2). Driving While Under the Influence of Alcohol/Drugs	C	M-1 - Misdemeanor - 1	N - No Bias/Not Applicable	-
LOCATION OF OFFENSE			*SUSPECTED OF USING*		
77 - Other Location			A <input checked="" type="checkbox"/> ALCOHOL D <input checked="" type="checkbox"/> DRUGS C <input checked="" type="checkbox"/> COMPUTER EQUIPMENT N <input checked="" type="checkbox"/> NOT APPLICABLE		
TYPE OF WEAPON/FORCE USED			*TYPE OF CRIMINAL ACTIVITY*		
88-None					
METHOD OF ENTRY	*METHOD OF ENTRY - MOTOR VEHICLE THEFT*	*METHOD OF ENTRY - BURGLARY/S&E*			
<input type="checkbox"/> FORCE <input type="checkbox"/> NO FORCE		ENTRY	EXIT	ENTRY	EXIT
NO PREMISES ENTERED					
METHODS OF OPERATION:					

OFFENSE

OFFENSE CODE	*OFFENSE*	*A/C*	*FM & DEGREE*	*HATE/BIAS*	*LARCENY*
74.04	3). Headlights	C	M - Misdemeanor	N - No Bias/Not Applicable	-
LOCATION OF OFFENSE			*SUSPECTED OF USING*		
77 - Other Location			A <input checked="" type="checkbox"/> ALCOHOL D <input checked="" type="checkbox"/> DRUGS C <input checked="" type="checkbox"/> COMPUTER EQUIPMENT N <input checked="" type="checkbox"/> NOT APPLICABLE		
TYPE OF WEAPON/FORCE USED			*TYPE OF CRIMINAL ACTIVITY*		
88-None					
METHOD OF ENTRY	*METHOD OF ENTRY - MOTOR VEHICLE THEFT*	*METHOD OF ENTRY - BURGLARY/S&E*			
<input type="checkbox"/> FORCE <input type="checkbox"/> NO FORCE		ENTRY	EXIT	ENTRY	EXIT
NO PREMISES ENTERED					
METHODS OF OPERATION:					

ORI NUMBER: OH0600400

IR NUMBER: 07-00319-08

IR DATE: 09/01/2007 03:30:00

PAGE NO.


3



FRAZEYSBURG POLICE DEPARTMENT

OHIO UNIFORM INCIDENT REPORT

*NO: 1	TOTAL VICTIMS: 1	*VICTIM TYPE: S - Society / Public	
NAME (Last, First, Middle)			
ADDRESS (Street, Apt., City, State, Zip):			HOME PHONE
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):			PHONE
AGE: DOB:	SSN:	RACE:	ETHNICITY:
HGT:	WGT:	HAIR:	EYES:
OCCUPATION:		SSN:	RESIDENT STATUS:
VICTIM INJURED	IF INJURED, DESCRIBE INJURIES:		
TAG ASSIGNED TO INCIDENT		VICTIM DEFENSE LINK	
JUSTIFIABLE / OMIC / DECD			
OFFICER CIRCUMSTANCE OFFICER ASSIGNMENT TYPE OFFICER ORI			
PHYSICAL CONDITION			
MEDICAL CONDITION:			

ORI NUMBER: OH0000400		IR NUMBER: 07-00319-09		IR DATE: 08/01/2007 03:30:00		PAGE NO. 4	
		FRAZEYSBURG POLICE DEPARTMENT					
		OHIO UNIFORM INCIDENT REPORT					
ADDITIONAL INFORMATION	Additional migrated data. Please check current record(s) for validity.						
	My signature verifies that the information on this report is accurate					DATE:	

ORI NUMBER: OH0600400

IR NUMBER: 07-00319-09

IR DATE: 08/01/2007 03:30:00

PAGE NO.


5



FRAZEYSBURG POLICE DEPARTMENT


OHIO UNIFORM INCIDENT REPORT

NAME / DESCRIPTIVES	FNO: T ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	CATEGORY 3 - Suspect/Arrestee		CHARGES FILED? <input type="checkbox"/> Y <input type="checkbox"/> N		
	NAME (Last, First, Middle) Kirk, Craig M			SSN [REDACTED]		
	ALIAS:			GANG AFFILIATION:		
	ADDRESS (Street, Apt., City, State, Zip):			HOME PHONE		
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):			PHONE		
	PLACE OF BIRTH:		DL#/STATE:		OCCUPATION/SCHOOL:	
	RACE: [REDACTED] DOB: [REDACTED]	SEX: [REDACTED] M - Male	RACE: [REDACTED]	ETHNICITY: [REDACTED]	HEIGHT: [REDACTED] 5' 6"	WEIGHT: [REDACTED] 250
	SUSPECTED OF USING <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS		MARITAL STATUS: M - Married		EYES: [REDACTED] BRO - Brown	
	SCARS, MARKS, TATOOS:					
	ADDITIONAL DESCRIPTION:					
POTENTIAL INJURIES?						
ARRESTEE WAS ARMED WITH 99-None						

ORI NUMBER: OH0800400		IR NUMBER: 07-00519-00		IR DATE: 08/01/2007 03:30:00		PAGE NO. 6	
 FRAZEYSBURG POLICE DEPARTMENT OHIO UNIFORM INCIDENT REPORT							
ARREST INFORMATION	ARREST DATE:	TIME	ARREST LOCATION OH (Street, Apt., City, State, Zip):				
	INCIDENT TRACKING NUMBER:		ARREST DISPOSITION C - Citation Issued			BAIL	
	MIRANDA WITNESSED BY:						TIME READ:
	FINGERPRINTED <input type="checkbox"/> Y <input type="checkbox"/> N	FINGERPRINT CARD NO.	PHOTOS TAKEN <input type="checkbox"/> Y <input type="checkbox"/> N	NO. TAKEN	PHOTO ID NO.	FBI/BCW	
	MULTIPLE ARRESTS SEGMENTS INDICATOR C - Court Arraigned			ARREST TYPE 4 - Court Arraigned			
	WARRANT						
COURT Muskingum County						DATE	

REPORTEE	NO. 1	NAME (Last, First, Middle) Schilling, Jason B		AGE/ D.O.B.	SSN:
	ADDRESS (Street, Apt., City, State, Zip): 7 2nd Street, Frazeyburg, OH, 43822				HOME PHONE (740)828-2911
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip): Village of Frazeyburg Police 7 2nd Street, Frazeyburg, OH, 43822				PHONE (740)828-2911
	STATEMENTS OBTAINED: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				TYPE: <input checked="" type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHERS

ORI NUMBER: OH0000400		IR NUMBER: 07-00319-08		IR DATE: 09/01/2007 03:30:00		PAGE NO. 7	
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FRAZEYSBURG POLICE DEPARTMENT

OHIO UNIFORM INCIDENT REPORT

CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input checked="" type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input checked="" type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTHORIZED USE <input type="checkbox"/> ABANDONED									
VEHICLE	NO. 1	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE		LIC: [REDACTED]	LIR: OH - Ohio	UY: 2007	LIT: PC - Passenger Car	VIN/OAN: [REDACTED]	VALUE
	VYR: 1982	VMA: Ford (also see English)	VMO: Escort	VST: Station Wagon	TOP COLOR: SIL - Silver BOTTOM COLOR: SIL - Silver	VEHICLE <input checked="" type="checkbox"/> Y LOCKED <input checked="" type="checkbox"/> N	KEYS IN VEHICLE <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	HOLD VEHICLE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	RELEASE <input checked="" type="checkbox"/> Y COMMENTS <input type="checkbox"/> N
	VEHICLE ASSOC. W/ SUSPECT NO.		VEHICLE ASSOC. W/ VICTIM NO.		VEHICLE <input checked="" type="checkbox"/> Y TOWED? <input type="checkbox"/> N	TOWED BY: J/R Towing 10 East 3rd Street		OWNERSHIP VERIFIED BY: 7 - LEADS	
	STOLEN MOTOR VEHICLE ONLY		NO. STOLEN		AREA STOLEN:				
	AUTO INSURER NAME (Company)		NONE PROVIDED		PHONE				
	ADDRESS (Street, Apt. City, State, Zip):		OH						
PROPERTY	MOTOR VEHICLE RECOVERED ONLY	NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input checked="" type="checkbox"/> N WHERE RECOVERED?					
	ADDITIONAL DESCRIPTION:								

PROPERTY	CLASS CODE: E - Evidence	QUANTITY: 1	DESCRIPTION: 1 open Budweiser beer can (Empty) Found cold with small amount of liquid					
	VICT. NO.	VEH 1 NO.	MAKE/BRAND: Budweiser	MODEL:	DATE RECOVERED: 09/01/2007			
	SERIAL NUMBER:		NCIC NUMBER:	OTHER NUMBER:				

ORI NUMBER: OH0800400

IR NUMBER: 07-00319-08

IR DATE: 08/01/2007 03:30:00

PAGE NO.

8



FRAZEYSBURG POLICE DEPARTMENT

OHIO UNIFORM INCIDENT REPORT

NARRATIVE

INVESTIGATOR NOTE:

Saturday, September 1, 2007 at 12:29 a.m., Officer Jason Schilling Unit #8, was conducting stationary patrol in the Huntington Bank Parking Lot located at the intersection of 3rd Street and State Street. I observed a silver Ford Escort Station Wagon traveling northbound on South State Street. The vehicle completed a right turn and drove eastbound on 3rd Street. I observed that the driver did not signal when turning and the vehicle only had one operational headlight on the driver side. I drove out of the Huntington Bank Parking Lot and traveled eastbound on 3rd Street. The suspect vehicle sped up as I approached and failed to stop when I activated my overhead beacons and turned on my audible siren on my marked patrol vehicle. The vehicle suddenly slowed and quickly drove off the roadway, onto the south side of the roadway, still facing eastbound. I contacted the Muskingum County Sheriff's Department Dispatcher and advised of the traffic stop, vehicle information (Ohio Plate: [REDACTED] and advised of my location, East 3rd Street and west of Williamsburg Square Sales. I exited my patrol vehicle (#102) and approached the driver side window of the vehicle. I observed a male driver as the sole occupant. As I approached the vehicle, I also smelled a strong odor of an unknown alcoholic beverage emitting from the open driver side window. I made contact with the driver, who identified himself as Craig M. Kirk from Coshocton, Ohio. I asked for his driver's license, insurance information and vehicle registration. Kirk said, "Well that is going to be hard for me to do." He looked at me and then looked away. I smelled a strong odor of an unknown alcoholic beverage on his breath. His eyes were glassy and his pupils were fully dilated. He could not maintain eye contact with me and his head kept falling to his right shoulder. I asked why he did not have his license on him. He said, "Well that is a long story, you see I am an ex-patriot, and I do not believe in government or any type of identification." I asked for his name, Social Security Number and date of birth. He provided his name and date of birth, but refused to provide his Social Security Number. I advised Kirk that I stopped his vehicle because he did not signal when turning onto east 3rd Street and his passenger side headlight is not working. He said, "I don't believe that, I bet this is because of me being a Green's house." I asked where Green's house is, he said, "You know, Josh Green, he only lives a few doors down from the Police Department, he is a trouble maker and doesn't believe in government either." I assured him I did not stop him for that reason. Kirk said, "Well it is probably because I am Jewish." I once again assured him it was not for that reason. I asked Kirk if he consumed any alcohol, illegal substance or other drug before driving. He said no. I asked him to stay in his vehicle while I checked his driver's license information. I walked back to my patrol car and made contact with the Muskingum County Sheriff's Department Dispatcher. I was advised by the dispatcher that the Ford Escort is registered to [REDACTED] and Craig Kirk's license was under permanent revocation since June, 27, 1994 through Franklin County Municipal Court. I observed Kirk's actions from my vehicle. I observed him strike the dashboard with his fist, root around inside the vehicle, shake his fists over his head and throw a small unknown object into the rear storage compartment of his vehicle. I requested assistance through the MCSO dispatcher, Dresden Police Department (Unit 2 / Asst. Chief) advised he was en-route. MCSO Deputy Caldwell also advised he was en-route. I exited my vehicle and approached the driver side window of the suspect vehicle. I advised Kirk that his license are under suspension permanently. He said, "Yeah, and what else is new, I already knew that." I asked him to submit to a standard field sobriety test. He refused. I explained the consequences for not submitting to the field test. He still refused. I asked him to step out of the vehicle. He did without incident. I walked him to the rear of his vehicle and advised he was under arrest for suspicion of OVI and Driving Under Suspension. I could smell a strong odor of an unknown alcoholic beverage upon his breath and person. His eyes were glassy, and he stumbled as he walked. I advised him of his Miranda rights and placed him under arrest. Kirk said he has a bad back and neck and cannot wear one set of handcuffs behind his back. I placed both available pairs of handcuffs on his wrists for maximum comfort. He asked if I would place the handcuffs in front of him. I explained that I would, when my back-up arrives. I walked him to the rear passenger side of my cruiser. I again asked if he would submit to a field sobriety test and of the consequences if he does not. He again said no. Kirk stated he was being falsely arrested and I was violating the "Commandments of Moses." I asked him to recite the commandments I was violating. He mumbled and said, "I can only tell you one, the rest are a secret." Kirk said, "I am Jewish, so does that mean you are going to shoot me along the roadside?" I assured him that would not happen. He said, "That is what Hitler did." Dresden (Unit 2) arrived and parked behind my cruiser. The Dresden officer assisted me with patting down Kirk and placing a third set of handcuffs in a chain along Kirk's stomach. Kirk advised he was more comfortable. MCSO Deputy Sheriff Caldwell also arrived as we placed the third set of handcuffs on Kirk. Kirk was placed in the rear passenger side of my patrol car. Dresden (Unit 2) contacted the MCSO dispatcher and requested a tow truck. I completed an inventory of the vehicle prior to impound. I noted the mileage and VIN number of the vehicle. I also completed an inventory of the entire interior of the vehicle. I observed a large amount of trash inside the vehicle. The driver seat was wet and smelled like urine. The interior of the vehicle also smelled like an unknown alcoholic beverage. I noted a fixed blade knife secured inside a leather sheath lying on the passenger side dashboard. The blade appeared to be five inches or less in length and was not removed from the vehicle. I completed an inventory of the rear storage compartment of the vehicle. The compartment is not separate and is accessible from the front and rear passenger seats. I noted on the inventory sheet a

ORI NUMBER: OH0800400

IR NUMBER: 07-00319-09

IR DATE: 09/01/2007 03:30:00

PAGE NO. 9



FRAZEYSBURG POLICE DEPARTMENT

OHIO UNIFORM INCIDENT REPORT

red plastic tool kit with miscellaneous tools and trash. I discovered a compacted 12 oz. Budweiser beer can near the toolkit. The can contained a small amount of an unknown yellow liquid that smelled and appeared to be an alcoholic beverage. The can was very cold and moist. The weather conditions during the traffic stop were clear and warm. The contents of the can smelled fresh and the can appeared to have been recently opened and emptied or consumed. I walked back to my patrol vehicle and spoke with Kirk about the beer can I found in the storage area. I asked if he consumed the contents prior to or while driving. He laughed and said, "Oh, we collect cans to recycle." 1:20 a.m. J/R Towing arrived (Business Address: 10 East 3rd Street Frazeysburg, Ohio 43822). I advised the tow truck driver, James Smith, that the vehicle is not on-hold, but can only be released to the owner. [REDACTED] The keys were left in the ignition. 1:45 a.m. I transported Kirk to Ohio State Highway Patrol Post 60 in Zanesville, Ohio. I read Kirk his Miranda, he said he understood. Trooper Roe (362) witnessed the Miranda form. Kirk refused to sign the form. Trooper Roe setup the Breathalyzer Machine for the breath test. He placed a fresh plastic mouth piece on the blow tube of the machine. The mouth piece was inside a sealed clear plastic baggie prior to being removed. I read the BMV 2255 consequences section on the reverse side of the form to Kirk. Kirk refused to read along with the form. After the form was read to him, he said, "Whatever." Trooper Roe signed the form as a witness. 2:07 a.m. Trooper Roe requested that Kirk blow into the mouthpiece on the Breathalyzer Machine. Kirk refused and did not place his mouth on or near the tube. He remained seated in front of the machine. Roe recorded the results as a refusal. 2:36 a.m. I transported Kirk to the Frazeysburg Police Department for processing. I completed an Influence Report. Kirk was cooperative during the interview. I presented him with a copy of the BMV 2255 form and Breathalyzer Machine Report. I advised Kirk that he is being charged with OVI, Driving Under Suspension and Failure to Display Two Operable Headlights. He said he understood and signed citation #4813. I advised him he is scheduled to appear in Frazeysburg Mayor's Court on Tuesday, September 4, 2007 at 9:00 p.m. He said, "There is going to be a problem with that. That is a Jewish Holiday. I don't conduct business on holidays." I asked what the name of the holiday is. He said, "It is a Jewish thing, it is a new moon." I advised I am not familiar with that being a holiday. I explained that he would need to contact the court to reschedule, and if he does not appear, a warrant would be issued for his arrest. He said, "I guess I can work something out." 3:45 a.m. Kirk was released to his wife.

REPORTING OFFICER: Schilling, Jason

BADGE NO. FB# 3

DATE: 09/04/2007 14:18

FOLLOW-UP?

☒ Y☐ NIf yes, follow-up
Assignment:

09/04/2007

STATE OF OHIO
HP-70G
10-0277-00
OHP 0277
Rev. 11/02/01

DEPARTMENT OF PUBLIC SAFETY

Report No. 07-0319-09

Ohio State Highway Patrol
Constitutional Rights Waiver

YOUR CONSTITUTIONAL RIGHTS

Place OSHP-ZALAEVILLE
Date 07-01-07
Time 2:01 AM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can and will be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions, and to have the lawyer present with you during questioning.

If you are unable to pay a lawyer, one will be appointed for you prior to any questioning, if you so desire.

If you wish to answer questions now without a lawyer present, you have the right to stop answering questions at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER

I have read the statement of my rights shown above. I understand what my rights are. I am willing to answer questions and make a statement. I do not want a lawyer at this time. I understand and know what I am doing. No promise or threats have been made to me and no pressure or coercion of any kind has been used against me.

Signed X Refused

Witness X officer #0
Witness X officer #0
Time 03:20 / 9/1/2007
Education _____
Other _____

FRAZEYSBURG POLICE DEPARTMENT DRUG INFLUENCE EVALUATION

219
07-008

TRAFFIC <input checked="" type="checkbox"/> FATALITY INVEST <input type="checkbox"/> OTHER <input type="checkbox"/> FIELD CERT <input type="checkbox"/> MOCK EVAL <input type="checkbox"/> INST OBSERVED <input type="checkbox"/> RECERT <input type="checkbox"/>		EVALUATOR AND DRE # DR. J. Schilling #8		DRE'S AGENCY FRAZEYSBURG POLICE		CASE NO. 07-316-09		NOTIFICATION DATE AND TIME 9/10/07 12:29 AM	
WITNESS <input type="checkbox"/> DRE <input type="checkbox"/>		MIRANDA WARNING GIVEN BY Schilling		LOCATION OSHP		COUNTY OF ARREST MUSKIEGUM			
ARRESTING OFFICER DR. J. Schilling #8		BREATH TEST RESULTS: Refused		COLLISION NONE		FATALITY <input type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY <input type="checkbox"/>			
SUBJECT'S NAME CLARK M. KIRK		DOB [REDACTED]		SEX M		RACE [REDACTED]		STATE OHIO	
DATE/TIME OF ARREST 9/10/07 12:29 AM		TIME OF EVAL 3:10 AM		DATE/TIME OF ARREST 9/10/07 12:29 AM		TIME OF EVAL 3:10 AM			
WHAT HAVE YOU EATEN TODAY? TUESDAY, SAUSAGE, EGG MUFFIN 8 AM.		WHEN? [REDACTED]		WHAT HAVE YOU BEEN DRINKING? No		WHEN? [REDACTED]		WHAT TIME IS IT? 3:12 AM	
WHEN DID YOU LAST SLEEP? HOW LONG? SLEPT 8-9 HRS. LAST NIGHT		ARE YOU SICK OR INJURED? No		DIABETIC <input type="checkbox"/> EPILEPTIC <input type="checkbox"/>		TAKE INSULIN? No			
DO YOU HAVE A PHYSICAL IMPAIRMENT? Left Shoulder/Neck (Nerve)		UNDER THE CARE OF A DR. OR DENTIST? Yes		WHAT MEDICATIONS OR DRUGS ARE YOU TAKING? None					
ATTITUDE Calm		COORDINATION Moderate		SPEECH Slurred		BREATH Strong-Alcoholic		FACIAL COLOR Flush	
CORRECTIVE LENSES: None		BLINDNESS: None		EYES: Near Normal		EYELIDS: Normal		PUPIL SIZE: Equal	
CONTACTS: Soft		EYES: Bloodshot		EYELIDS: Droopy		PUPIL SIZE: Unequal		ABLE TO FOLLOW Stimulus: Yes	
HGN Left		RIGHT Y N		VERTICAL NYSTAGMUS Yes		ROMBERG BALANCE: Refused		EYELID TREMORS Yes	
LACK OF SMOOTH PURSUIT Y N		MAX. DEVIATION Y N		ANGLE OF ONSET Refused		CONVERGENCE Refused		ESTIM. 30 SEC. How many sec.?	
WALK AND TURN: Refused		TYPE OF FOOTWEAR [REDACTED]		CANT KEEP BALANCE Refused		STARTS TOO SOON Refused		ONE LEG STAND: Left Foot Right Foot	
DESCRIBE TURN: Refused		CANNOT DO TEST: [REDACTED]		RAISED ARMS [REDACTED]		ACTUAL STEPS TAKEN [REDACTED]		USES ARMS TO BALANCE [REDACTED]	
FINGER TO NOSE: Right Left		3-PULSES First Second		PULSE [REDACTED]		TIME [REDACTED]		PUPIL SIZE Left Eye Right Eye	
BLOOD PRESSURE [REDACTED]		TEMP [REDACTED]		MUSCLE TONE: Near Normal		FLACCID		RIGID	
WHAT MEDICATIONS OR DRUGS HAVE YOU BEEN USING? Type of Drug? How much dosage? Time of use?		WHERE WERE THESE DRUGS USED? [REDACTED]							
INTERROGATION, STATEMENTS AND OTHER OBSERVATIONS (USE BACK IF NECESSARY): GLASSY EYES, DILATED PUPILS, SLURRED SPEECH, STUMBLING		SEE BACK: [REDACTED]							
EXAMINING OFFICER DR. JASON Schilling		BADGE NO. [REDACTED]		REVIEWED BY DRE INSTRUCTOR: [REDACTED]		TOX SAMPLE Blood Urine Refused		TIME COMPLETED 0320	

07-0319-09

Bureau of Alcohol
and Drug Testing**BAC DATAMASTER****SUBJECT TEST FORM**

TEST DATE MONTH DAY YEAR 9 / 1 / 2007			SUBJECT NAME CRAIG M. KEEK		
DATE OF BIRTH MONTH DAY YEAR [REDACTED]			AGE [REDACTED]	SEX M	SOCIAL SECURITY # [REDACTED]
ADDRESS [REDACTED]				CITY [REDACTED]	
STATE OH	ZIP CODE [REDACTED]	DRIVER LICENSE # [REDACTED]		STATE OH	EXPIRES [REDACTED]
ARRESTING OFFICER SCHULING			DEPARTMENT FRANKLIN TOWNSHIP POLICE DEPT.		
UNIFORM TRAFFIC TICKET # 4813			STATUTE / ORDINANCE OVC / DUS (PKB)		
DURATION 73.01 / 71.19			TEST SITE # HP.60		

BAC DataMaster Operational Checklist

- ☒ (1) Observe subject for twenty minutes prior to testing to prevent oral intake of any material.
- ☒ (2) Press "RUN" button.
- ☒ (3) Enter data as prompted by instrument display.
- ☒ (4) Take breath sample when "PLEASE BLOW" appears on display.

☒ CHECK IF SUBJECT REFUSED TEST**TEST RESULT**

0. REFUSED g/210L

PERMIT # 5106-1-6	EXPIRATION DATE MONTH DAY YEAR 11 / 15 / 2008	INSTRUMENT SERIAL # 130615	TEST LD. # 07-100
OPERATORS SIGNATURE [Signature]		DEPARTMENT C.A.P.	

Original: Court Copy

Copy: Filed At Instrument Site

RULE 3701-53-02

HEA 2650

REV 8/2002

NO 07-0319-09

NCIC _____

VEHICLE IMPOUNDMENT RECORD

NO. _____

MAKE FORD	MODEL ESCORT	COLOR SILVER	NO. OF CYLINDERS 4
YEAR 1992	MILEAGE 17412	LICENSE NO. (Yr. - State) OHIO	HORSEPOWER OR CUBIC INCH DISPLACEMENT —
SERIAL NO. 1/222	FUEL 1/222 <input type="checkbox"/> Diesel	VIN NO. —	NO. OF AXLES 2
TYPE OF VEHICLE <input checked="" type="checkbox"/> Passenger Van/Jeep <input type="checkbox"/> Ambulance <input type="checkbox"/> Tractor <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Motorcycle <input type="checkbox"/> Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Bus <input type="checkbox"/> RV			
BODY STYLE <input type="checkbox"/> Coupe <input type="checkbox"/> Sedan <input checked="" type="checkbox"/> Station Wagon <input type="checkbox"/> Pickup <input type="checkbox"/> Panel <input type="checkbox"/> Rack <input type="checkbox"/> Carryall <input type="checkbox"/> Camper <input type="checkbox"/> 2-Door Hardtop <input type="checkbox"/> 4-Door Hardtop <input type="checkbox"/> Convertible <input type="checkbox"/> Van <input type="checkbox"/> Stake <input type="checkbox"/> Flatbed			NO. OF WHEELS 4
VEHICLE OPERATOR (Address, Number, Street, City, State) CRAIG KIRK			PHONE NO. —
REGISTERED OWNER (Address, Number, Street, City, State) —			PHONE NO. —
NAME & ADDRESS OF LENDER (if applicable) —			PHONE NO. —

REASON FOR IMPOUNDMENT

 ACCIDENT ☐ DUI ☒ STOLEN ☐ ABANDONED ☐ FELONIOUS USE ☐ NO OPR. LIC. ☒ BURNED ☐ OTHER THAN ABOVE ☐

 NAME OF ARRESTED PERSON ☐ INJURED ☐ OTHER ☒ **CRAIG M. KIRK** REPORT NO. **07-0319-09**
 EXACT LOCATION WHERE VEHICLE PICKED UP **3RD ST @ WILMINGTON SQ.**
 TOW-IN SERVICE REQUESTED BY **—** NAME OF TOW-IN SERVICE **—**
 DATE OF IMPOUNDMENT **9/1/07** TIME **6:14** TOWER OR DRIVER BY **—** NAME & TITLE OF IMPOUNDING OFFICER **—**

INVENTORY AND CONDITION OF VEHICLE WHEN IMPOUNDED

 DOORS AND TRUNK: LOCKED ☐ UNLOCKED ☒ KEYS IN CAR ☒ KEYS IN PROPERTY ROOM ☐ OTHER ☐

(USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

✓	DAMAGED	CONDITION	✓	DAMAGED	CONDITION	✓	DAMAGED	CONDITION
FRONT END		4	ENGINE		4	SPARE TIRE		4
LF W		4	RADIATOR		4	LR TIRE		4
LF DOOR		4	ALTERNATOR		4	RR TIRE		4
LR DOOR		4	BATTERY		4	RF TIRE		4
LR W		4	AC		4	LF TIRE		4
REAR END		4	RADIO		4	GLASS		4
RF W		4	TAPE DECK		4	O.B. RADIO		4
RF DOOR		4	HUB CAP		4	C.B. ANTENNA		4
RR DOOR		4	WHEEL COVER		4			
RR W		4	DRIVE TRAIN		4			
HOOD		4	JACK		4			
TOP		4	TOOLS		4			
REAR LID		4	GASOLINE		4			

REMARKS **MISC. TRASH. BABY SEAT, TOOL KIT. (LEFT IN VEHICLE).**

(USE SUPPLEMENTARY REPORT FOR ANY DETAILS NOT LISTED ON THIS PAGE)

DESCRIBE ANY PERSONAL PROPERTY LEFT IN VEHICLE

1 BUDGET, 1200. 13000 0000 - 10000000REPORT MADE BY **officer 8** DATE **9/1/07** TIME **01:14**

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND ITS CONDITION TO BE AS INDICATED ABOVE.

SIGNED **James Smith** DATE **9/1/07** TIME **1:20 AM**



OHIO BUREAU OF MOTOR VEHICLES
REPORT OF LAW ENFORCEMENT OFFICER
ADMINISTRATIVE LICENSE SUSPENSION /
NOTICE OF POSSIBLE CDL DISQUALIFICATION / IMMOBILIZATION / FORFEITURE

A. NAME CRAIG M. KIRK		DRIVER LICENSE NUMBER		CLASS D	STATE OHIO
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER)					
CITY		OHIO COUNTY OF RESIDENCE		STATE	ZIP CODE
DATE OF BIRTH	SOCIAL SECURITY NUMBER	4 DIGIT COURT CODE 0053		COUNTY OF VIOLATION MUSKINGUM	
DATE OF VIOLATION 9/1/2007	TIME OF VIOLATION 12:29	VIN			
DATE OF REFUSAL OR TEST 9/1/2007	TIME OF REFUSAL OR TEST 2:07	YEAR 92	MAKE FORD	LICENSE PLATE NO. PBS	STATE OHIO
VEHICLE OWNER'S NAME		DATE OF BIRTH	STREET ADDRESS		
CITY		STATE	ZIP CODE		
VEHICLE STORED AT (STREET ADDRESS) 370 S/R TOWING 10 EAST STREET FRAZERSBURG OHIO					
CITY FRAZERSBURG					

B. Officer to Complete for All OVI / Physical Control Arrests:

Circle arrest type: ☒ OVI Physical Control

The driver:

☒ Refused to submit to test (s).☐ Submitted to test (s). 0 % alcohol test result☒ Circle test type for which results were reported:Whole Blood, ~~Blood~~, Urine, Blood Serum, or Blood Plasma☒ Was placed under an Administrative License Suspension (4511.191)☐ License was seized☒ Offender was provided a copy of this form at the time of arrest.I requested the driver, by reading advice on the back, to submit to a chemical test (s) for alcohol and/or for the presence of any controlled substance or metabolite. My reasonable grounds for OVI/Physical Control arrest before test were: **TRAFFIC STOP**☐ Subject tested for controlled substance or metabolite. Circle test type for which controlled substance or metabolite results were reported: Urine, Whole Blood, Blood Serum, or Blood Plasma.☐ Specify controlled substance and/or metabolite results:☐ Subject tested positive for prohibited level of marijuana metabolite (specify amount) and was under the influence of alcohol and/or a drug of abuse.☐ Controlled substance or metabolite test result received on _____, Subject served with notice of Administrative License Suspension on _____

C. Officer to Complete Applicable Vehicle Sanctions:

☐ License plate(s) seized☐ Vehicle seized under 4511.195 (OVI)☐ Vehicle seized under 4511.203 only (DUS or wrongful entrustment of a motor vehicle) If so, Do Not Mail this form to the BMV☐ Vehicle subject to immobilization☐ Vehicle subject to forfeiture

D. Officer to Complete If Offender was Operating a Commercial Vehicle:

I and showed advice to offender (4506.17)

☐ Refused to submit to test(s)☐ Submitted to test(s) 0 % alcohol test result

(Circle One) Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma

☐ Prohibited Alcohol Content without OVI charge☐ Prohibited Alcohol Content with OVI charge☐ Commercial vehicle per definition (4506.01(E))☐ 24-hour out-of-service order☐ CDL to be disqualified☐ CDL seized☐ Hazardous material☐ Operated a commercial vehicle under the influence of a controlled substance

E. The advice on the back of this form was read to me and I have received a copy of this form:

☒ **Refused**
SIGNATURE OF DRIVER☐ REFUSED TO SIGN

F. Complete Below Only for an OVI / Physical Control ARREST:

We, the undersigned, certify that the advice prescribed by the General Assembly (under 4511.192), was shown to the person under arrest and read to him or her in the presence of the arresting officer and one other person.

☒ **OR**
SIGNATURE OF ARRESTING OFFICER**FRAZERSBURG POLICE DEPT.**

ENFORCEMENT AGENCY

OHIO

N.G.I.C. NUMBER

PO BOX 160

OFFICER'S BUSINESS STREET ADDRESS

FRAZERSBURG

CITY

OHIO

STATE

43822

ZIP CODE

☒ **TOR KALICK**
SIGNATURE OF WITNESS

COMPLETE BELOW ONLY ON OVI ARREST, PHYSICAL CONTROL ARREST, OR ARREST INVOLVING COMMERCIAL VEHICLE. AFFIDAVIT OF ARRESTING OFFICER:

STATE OF OHIO, COUNTY OF **MUSKINGUM**

I certify I arrested the person, having had reasonable grounds to believe the person was operating a vehicle upon a highway, or upon public or private property used by the public for vehicular travel or parking in the State of Ohio, under the influence of alcohol and/or drugs of abuse. In physical control of a vehicle while under the influence of alcohol and/or drugs of abuse, or with a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine. I advised the person in the prescribed manner of the consequences of a refusal or a test. The person either refused the test, or was under arrest for OVI and took the test and had a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine (as described above). In the case of a commercial vehicle (if applicable) I had reasonable grounds to believe the person was driving a commercial motor vehicle in the State of Ohio in violation of section 4506.15 of the Ohio Revised Code. The information contained on this form is true to the best of my knowledge and belief.

☒ **TOR KALICK**
ARRESTING OFFICER SIGNATURE

Sworn to before me this

4th day of **September** 20 **07****Signature of Notary**
NOTARY PUBLIC'S SIGNATURE☒ **DEPUTY CLERK OF COURT'S SIGNATURE**



Ohio Government Risk Management Plan

Member Certificate Declarations

Member Participant

Village of Fazeysburg-Muskingum
P.O. Box 160
7 Second St.
Fazeysburg, OH 43822

Policy Period

Certificate Number
Effective Date
Expiration Date

OH1030406-P07

06/29/2007

06/29/2008

Regional Risk Manager

Rinehart, Walters, Danner Insurance
446 Park Avenue, West
P.O. Box 487
Mansfield, OH 44901

Annual Premium**Payment Plan**

Annual

X Semi-Annual

Quarterly

Coverage provided below along with the Supplemental Declarations, Auto Declarations, Coverage Forms and Endorsements make up the complete policy.

PROPERTY COVERAGES

Blanket Building and Personal Property

Limit
Valuation Method
Level of Protection
Agreed Value
Business Income with Extra Expense
Legal Liability - Real Property
Location:
Deductible:

Coverage Limit

\$5,125,552
Replacement Cost
Causes of Loss - Special
Yes
\$100,000
\$1,000,000
Per Schedule On File With The Ohio Plan
\$1,000

Boiler & Machinery

Limit
Deductible - All Other Property
Deductible - Deep Well Pumps

\$5,125,552
\$1,000
\$10,000

INLAND MARINE COVERAGES

Special Property Coverage

Miscellaneous Property and Equipment Limit
Fire and Rescue Property and Equipment Limit
Scheduled Equipment Limit
Description
Deductible

Coverage Limit

\$10,900
Not Covered
\$281,676 ✓
Per Schedule On File With The Ohio Plan
\$500

Electronic Equipment/Media Coverage Form

Electronic Equipment Limit
Electronic Media Limit
Extra Expense Limit
Business Income Limit
Description
Deductible

Coverage Limit

\$5,000
\$10,000
\$10,000
Not Covered
Per Schedule On File With The Ohio Plan
\$500

Village of Frazeyburg-Muskingum

LIABILITY COVERAGES

Governmental General Liability	<u>Coverage Limit</u>
Each Occurrence	\$1,000,000
Personal & Advertising Injury	\$1,000,000
Each Electronic Data Incident	\$50,000
General Aggregate	\$3,000,000
Medical Expense Limit – Per Person	\$10,000
Medical Expense Limit Annual Aggregate	\$50,000
Employer's Liability (Ohio Stop Gap)	<u>Coverage Limit</u>
Bodily Injury by Accident – Each Accident	\$1,000,000
Bodily Injury by Disease – Each Employee	\$1,000,000
Bodily Injury Aggregate Limit	\$1,000,000
Employee Benefits Liability	<u>Coverage Limit</u>
Each Incident	\$1,000,000
Annual Aggregate	\$3,000,000
Public Officials Liability	<u>Coverage Limit</u>
Each Wrongful Act	\$1,000,000
Annual Aggregate	\$3,000,000
Declaratory, Equitable and Injunctive Relief Defense – Annual Aggregate	\$10,000
Back Wages	\$10,000
Public Officials Liability Deductible	\$1,000
Declaratory, Equitable and Injunctive Relief Deductible	\$1,000
Law Enforcement Liability	<u>Coverage Limit</u>
Each Wrongful Act	\$1,000,000
Annual Aggregate	\$3,000,000
Medical Expense Limit – Per Person	\$10,000
Medical Expense Annual Aggregate	\$50,000
Deductible	\$1,000

AUTOMOBILE COVERAGE

For Details See OH1500(11/06) GOVERNMENTAL AUTOMOBILE DECLARATIONS

CRIME COVERAGE

	<u>Coverage Limit</u>
Theft, Disappearance and Destruction	\$2,500
Deductible:	\$0
Public Employee Dishonesty (Coverage Form O – Per Loss)	\$25,000
Deductible:	\$0
Forgery or Alteration (Coverage Form B)	\$5,000
Deductible:	\$0
Computer Fraud	\$2,500
Deductible:	\$100
Funds Transfer Fraud	\$5,000
Deductible:	\$0

Signature of Authorized Agent

Date



Ohio Government Risk Management Plan Coverage Forms and Endorsements

Village of Frazeyburg-Muskingum
OH1030406-P07

OH1000(11/08) Member Certificate Declarations
OH1001(11/05) Member Certificate Supplemental Declarations
OH1002(11/05) Coverage Forms and Endorsements
OH1003(07/00) Common Policy Conditions
OH1005(07/00) Nuclear Energy Liability Exclusion
OH1008(07/00) Multiple Deductible Endorsement
OH1007(11/05) Exclusion of Certain Computer-Related Losses
OH1014(11/05) Terrorism Exclusion Endorsement
OH1015(11/05) Terrorism Exclusion Endorsement
OH1016(11/05) Mold Exclusion Endorsement
OH1017(11/05) Mold Exclusion Endorsement
OH1018(11/05) Electronic Functionality Exclusion Endorsement

Property

OH1100(07/00) Governmental Property Conditions
OH1101(11/06) Governmental Building and Personal Property Coverage Form
OH1102(11/05) Causes of Loss - Special Form
OH1103(11/05) Business Income (and Extra Expense) Coverage Form
OH1104(11/05) Legal Liability Coverage Form
OH1105(11/05) Ordinance or Law Coverage
OH1106(11/06) Boiler & Machinery Coverage - Comprehensive
OH1114(11/05) Coverage Limit Endorsement

Inland Marine

OH1200(11/05) Governmental Inland Marine Conditions
OH1201(11/05) Special Property Coverage Form
OH1202(01/03) Electronic Equipment/Media Coverage Form

Liability

OH1400(11/06) Governmental General Liability Coverage Form
OH1402(11/05) Employer's Liability (Stop Gap) Coverage Form
OH1403(11/05) Employee Benefits Liability Coverage Form
OH1404(11/06) Public Officials Liability Coverage Form
OH1405(11/05) Law Enforcement Liability Coverage Form
OH1406(11/05) Exclusion - Year 2000 Computer Related and other Electronic Problems
OH1407(11/06) Declaratory, Equitable and Injunctive Relief Defense Endorsement

Automobile

OH1500(11/08) Governmental Automobile Declarations Page
OH1501(11/06) Governmental Auto Coverage Form
OH1502(11/05) Auto Medical Payments Coverage
OH1504(11/05) Emergency Vehicles - Volunteer Firefighters and Workers Injuries Excluded

Crime

OH1600(11/05) Crime General Provisions
OH1601(11/05) Public Employee Dishonesty Coverage Form (O)
OH1602(11/05) Add Faithful Performance of Duty
OH1603(11/05) Forgery or Alteration Coverage Form
OH1604(11/05) Theft, Disappearance and Destruction Coverage Form
OH1605(07/00) Computer Fraud Coverage Form
OH1606(11/05) Funds Transfer Fraud Coverage

Endorsements

OH1423(11/05) Pollution Exception - Designated Operations
OH1425(11/05) Pollution Exception - Sewer Backup